

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 077180	RECEIPT DATE:	05 / 20 / 98
IA NUMBER:	PCT/ DE96 / 02213	IA FILING DATE:	11 / 20 / 96
FAMILY NAME:	STORZ <i>NOVAK</i>	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	KARL <i>PAVEL</i>	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 20 / 95
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:		COUNTRY:	DEX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	2033246155
NAME:	ST ONGE STEWARD JOHNSTON & REENS		
STREET: 986 BEDFORD STREET			
CITY: STAMFORD			
STATE/COUNTRY:	CT	ZIP:	069055619
APPLICATION TITLES:			
SHAVING OR CUTTING INSTRUMENT			

TAB TO LAST POSITION,PUSH SEND